

**THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF THE NORTHERN MARIANA ISLANDS**

UNITED STATES OF AMERICA,)
)
Plaintiff,)
)
v.)
)
COMMONWEALTH OF THE)
NORTHERN MARIANA ISLANDS,)
GOVERNOR OF THE NORTHERN)
MARIANA ISLANDS,)
COMMISSIONER OF THE)
DEPARTMENT OF PUBLIC)
SAFETY, SECRETARY OF THE)
DEPARTMENT OF LABOR AND)
IMMIGRATION, SECRETARY OF)
THE DEPARTMENT OF)
COMMUNITY AND CULTURAL)
AFFAIRS,)
)
Defendants.)
)

CIVIL ACTION NO. CV 99-0017

STATUS REPORT

DIVISION OF YOUTH SERVICES

PART 3 OF 3 PARTS

October 1, 2006

PEST CONTROL



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS

Office of the Secretary
Caller Box 10007
Saipan, M.P. 96950
Tel. 664-2576 Fax. 664-2570

MEMORANDUM

Date : 09/15/06

To : Rosa Teregeyo
JDU/Social Worker

From : Melvin L.O. Faisao
DCCA Deputy Secretary

Subject: Approval of Pacific Pest Control Service

This is to inform you that I have approved the attached proposal for pest control services from Pacific Pest Control. Please forward the documents to the DYS main office for processing.

CC: File

Guam Office:
P.O. Box 6754
Tamuning, Guam 96931, U.S.A.
Tel.: (671) 637-8959
Fax: (671) 637-7996
E-mail: hagens@te.net



Saipan Office:
P.O. Box 5783 CHR3
Saipan, MP 96950-8901
Tel.: (670) 235-3041
Fax: (670) 235-3040
E-mail: pacpest@pscont.com

Service Guaranteed

September 15, 2006

To: Division of Youth Services

Attention: Mr. Melvin Faiso

Re: Pest Control services for DYS Kagman Detention Facility.


Thank you for the opportunity in presenting a proposal.

In summary of our company, **Pacific Pest Control** is dedicated in environmentally friendly insect and rodent elimination, utilizing an innovative method of pest control. Our methods are odorless, safe for your staff, patrons and the environment.

Hazardous, messy & strong odor sprays are becoming obsolete due to potential health risk to people and the environment. We will ensure effective and professional pest elimination with your health and safety as priority. We are confident that our pest management and preventive maintenance program is of the caliber that you would expect.

We look forward to adding **DYS Kagman Facility**, to our list of satisfied customers. Please call our office if there are any questions or if you need more information. We are prepared to begin immediately.

Sincerely,


Patrick Leon Guerrero,
Pacific Pest Control

Pacific Pest Control

P.O. Box 10001 PMB 420

Ph # 235-3041 Fax # 233-7679 E-mail hageus@ipc.net

CONTRACT SPECIFICATION: DYS, Kagman Detention Facility.

TREATMENT BENEFITS

1. No mess or cleanup.
 2. Clean safe material application.
 3. No sprays or aerosols except in extreme cases.
 4. Professionally train and certified professionals
 5. Environmentally friendly pest control materials.
 6. Staff will not need to vacate areas being treated.
 7. Professional results, safe around food, employees and customers
 8. Staff will not need to cover food, utensils, appliances, furniture or linens
 9. Preventive Maintenance inspection, employee communication and pest Monitoring
 10. We require no special time for treatments; we will treat at your convenience.
-

TYPE OF PEST TO BE TREATED

- | | |
|------------|-----------------------|
| 1. Rodents | Interior and Exterior |
| 2. Ants | Interior and Exterior |
| 3. Roaches | Interior and Exterior |
-

TREATMENT FREQUENCY

1. One- treatment visit per month.
 2. On call services when needed.
-

AREAS TO BE TREATED

Inspection and treatment for ants, cockroach, and rodents in all common areas of interior/exterior of detention facility.

COST OF SERVICE

\$150.00 per month

All on call service are at no additional cost

*Any questions regarding this proposal please contact Patrick Leon Guerrero at 235-3041 for any questions.

SERVICE GUARANTEED !!!!!!!

SAIPAN ICE

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DQS	DATE	9/14/06
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3070 GPO

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO System

FINDINGS/COMMENTS:

need to replace leaking level hose at storage RO tank

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	gull	UV Light Unit (s)	
Chlorine Level	1.0mg/l	Ozonator	ok
Pre-filter	ok	Hardness Reading	12 GPM
Post-filter	ok	Feed Water TDS	1109 ppm
Feed Pump Pressure	30 / 225 psi	Product Water TDS	89 ppm
Permeate Flow Rate (GPM)	1.3 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

replace level tube hose at storage RO tank, check hardness, TDS
chlorine & feed tank RO product and operation pressure

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rodriguez	9/14/06

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DCS		DATE	9/27/09
ADDRESS	KAGMAN		CONTRACT REF.	
CONTACT PERSON			TEL. NO.	
Equipment Description: 3000 GPD				
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:		
SERVICE REPORT Check on RO System				
FINDINGS/COMMENTS: no flocon reserve need to deliver				
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)				
Anti-scalant Level	full	UV Light Unit (s)		
Chlorine Level	1.5 mg/l	Ozonator	ok	
Pre-filter	ok	Hardness Reading	18 ppm	
Post-filter	ok	Feed Water TDS	138 ppm	
Feed Pump Pressure	20/200 psi	Product Water TDS	81 ppm	
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	OK	
Reject Flow Rate (GPM)		Others		
Recommendation (indicate particular work done or parts of system inspected): Check & refill of flocon for injection tank, check hardness TDS & Chlorine of feed & RO product, check operators				
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date	
		Rod de la Raza	Cliff Nelson	

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYI	DATE	9/1/04
ADDRESS	RAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO System

FINDINGS/COMMENTS:

Pre filter will be replace on next visit (2x10)

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.0 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	12 GPG
Post-filter	OK	Feed Water TDS	1678 ppm
Feed Pump Pressure	20/200 psi	Product Water TDS	15 ppm
Permeate Flow Rate (GPM)	1.8 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Check hardness, TDS & Chlorine of feed H₂O; RO product. Check operation pressure & flow level

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de la Raza	BD Gabriel

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DQS	DATE	8906
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency: _____:Week/Month Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO system

FINDINGS/COMMENTS:

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	100 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	
Post-filter	OK	Feed Water TDS	1153 ppm
Feed Pump Pressure	20/200 psi	Product Water TDS	85 ppm
Permeate Flow Rate (GPM)	15 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Check operation of RO unit, check level of DS & Chlorine
Check flow rate level

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rodolfo Key	DQS (Signature)

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DLS	DATE	8/7/06
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:
-----------------	-----------------	--

SERVICE REPORT

Check on RO System

FINDINGS/COMMENTS:

reset the flocon injector pump

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	110 mg/l	Ozonator	ok
Pre-filter	ok	Hardness Reading	15 Gpg
Post-filter	ok	Feed Water TDS	281 ppm
Feed Pump Pressure	20/200 psi	Product Water TDS	93 ppm
Permeate Flow Rate (GPM)	1.5 Gpm	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):
 Check & reset the injector pump & flocon. Check hardness
 TDS Chlorine & feed H₂O & RO product

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de la Raza	Ricardo Raza 8/7/06

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DQS	DATE	7/20/06
ADDRESS	10A GNM	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

check RO system

FINDINGS/COMMENTS:

refill filter at injector tank

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.5 mg/l	Ozonator	
Pre-filter	ok	Hardness Reading	ok
Post-filter	ok	Feed Water TDS	10 ppm
Feed Pump Pressure	70 / 700 psi	Product Water TDS	139 ppm
Permeate Flow Rate (GPM)	1.8 GPM	Chlorine Reading	68 ppm
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

check & refill filter at injector tank, check hardness, TDS, chlorine & feed water RO product, check operation pressure.

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		David A. Lo, Jr.	

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	<i>DEFS</i>	DATE	<i>7/27/06</i>
ADDRESS	<i>KA GMM</i>	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: *3000 GPD*

Visit Frequency: _____:Week/Month Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO System

FINDINGS/COMMENTS:

*need to refill flocon on injector tank.***INSPECTION & MAINTENANCE CHECKLIST**

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	<i>full</i>	UV Light Unit (s)	
Chlorine Level	<i>165 mg/l</i>	Ozonator	<i>OK</i>
Pre-filter	<i>OK</i>	Hardness Reading	<i>15 Gpg</i>
Post-filter	<i>OK</i>	Feed Water TDS	<i>1088 ppm</i>
Feed Pump Pressure	<i>40/200 psi</i>	Product Water TDS	<i>78 ppm</i>
Permeate Flow Rate (GPM)	<i>1.5 Gpm</i>	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Check & refill flocon for injector tank. Check hardness. TDS & Chlorine of feed H₂O & RO product. Check operation pressure.

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		<i>Res. de la Reg.</i>	<i>[Signature]</i>

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DCH		DATE	7/2/06
ADDRESS	KAGUHAN		CONTRACT REF.	
CONTACT PERSON			TEL. NO.	
Equipment Description: 3000 GPD				
Visit Frequency	____:Week/Month		Last Microbiology Test Result / Remarks:	
SERVICE REPORT				
Check RO System				
FINDINGS/COMMENTS:				
need to refill flocon for injector tank				
INSPECTION & MAINTENANCE CHECKLIST				
(Describe briefly result of inspection and recommendation)				
Anti-scalant Level	full		UV Light Unit (s)	
Chlorine Level	1.0 mg/l		Ozonator	ok
Pre-filter	OK (10M 2x10)		Hardness Reading	
Post-filter	used for replacement		Feed Water TDS	1663 µm
Feed Pump Pressure	22/20 PSI		Product Water TDS	71 µm
Permeate Flow Rate (GPM)	1.5 gpm		Chlorine Reading	
Reject Flow Rate (GPM)			Others	
Recommendation (indicate particular work done or parts of system inspected):				
Check & refill flocon for injector tank, check hardness, TDS, chlorine & feed flow & RO product, check operation.				
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date	
		Bob & Co. Inc.	Ricardo Tavares 7/2/06	

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	7/19/09
ADDRESS	KALAMUN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

2000 GPD

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Disassemble pipe tube need to check

FINDINGS/COMMENTS:

Reject pipe tube need to joint at waste line

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level		UV Light Unit (s)	
Chlorine Level		Ozonator	
Pre-filter		Hardness Reading	
Post-filter		Feed Water TDS	
Feed Pump Pressure		Product Water TDS	
Permeate Flow Rate (GPM)		Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

fix the disassemble pipe tubes of reject system

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de la R.	ALEX LAMINO 27.19.06

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

234 6230 -merit

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	7/8/06
ADDRESS	RAGMANI	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPM

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RD System

FINDINGS/COMMENTS:

no flow at injector tank need to refill

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.5 mg/L	Ozonator	ok
Pre-filter	ok	Hardness Reading	15 GPM
Post-filter	ok	Feed Water TDS	165 ppm
Feed Pump Pressure	30 / 200 PSI	Product Water TDS	101 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Check & refill chlorine for injector tank, Check hardness TDS & Chlorine of feed thro' to product, Clean RD Area

Time Start	Time Finished	Work Performed by & Signature	Customer Rep/ Name, Signature, Date
		Rod de los Reyes	James 7-18-06

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130,322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	7506
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

3000 GPD

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO System

FINDINGS/COMMENTS:

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	3/4	UV Light Unit (s)	
Chlorine Level	1.0 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	15 GPG
Post-filter	OK	Feed Water TDS	1645 ppm
Feed Pump Pressure	20/200 PSI	Product Water TDS	139 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

check hardness, TDS & chlorine & feed flow & no product
 check operation & check chlorine level

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rodde W. P. Jr.	Ricardo Plaza 7506

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DCL	DATE	6/29/06
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: (3000 GPD)

Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:
-----------------	-----------------	--

SERVICE REPORT

Check RO System's replacement of filter for Bacteria

FINDINGS/COMMENTS:

clog filter must be replace (10 min 2 x 10')

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	4.0 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	15 GPG
Post-filter	OK	Feed Water TDS	1763 ppm
Feed Pump Pressure	30/200 psi	Product Water TDS	203 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

for schedule of maintenance cleaning check operation pressure
check hardware, TDS & chlorine of feed H₂O product

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de la Cruz	6-29-06

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DEYS	DATE	6/28/04
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: (3000 GPD)			
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT check on PD system			
FINDINGS/COMMENTS: low pressure at pre filter of feed system need to replace 10 micron (2x10), need to clean membrane			
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)			
Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.5 mg/l	Ozonator	OK
Pre-filter	OK	Hardness Reading	15 GPM
Post-filter	OK	Feed Water TDS	1642 ppm
Feed Pump Pressure	20/200 psi	Product Water TDS	242 ppm
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	
Recommendation (indicate particular work done or parts of system inspected): need to replace 2x10 filter for pre-filter, check hardness TDS & chlorine & feed water & reject, check & refill proton			
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de los Reyes	M. Reyes

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DCS	DATE	6/23/04
ADDRESS	KA GMA	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

2000 GPD

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO System

FINDINGS/COMMENTS:

membrane need for cleaning / need to refill flocon

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.0 mg/L	Ozonator	ok
Pre-filter	ok	Hardness Reading	15 GPG
Post-filter	ok	Feed Water TDS	1480 ppm
Feed Pump Pressure	20/200 psi	Product Water TDS	175 ppm
Permeate Flow Rate (GPM)	1.5 gpm	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Check & refill flocon for injection tank, check operation pressure
check hardness, chlorine & feed H₂O & RO product

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de la Raza	Picardo Ram

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DLS		DATE	6/20/06
ADDRESS	KAGMAN		CONTRACT REF.	
CONTACT PERSON			TEL. NO.	
Equipment Description: 3000 GPD				
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:		
SERVICE REPORT				
check on RO system				
FINDINGS/COMMENTS:				
need replace 1 gal. of flocon				
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)				
Anti-scalant Level	full	UV Light Unit (s)		
Chlorine Level	15 mg/l	Ozonator	ok	
Pre-filter	ok	Hardness Reading	14 Gpg	
Post-filter	ok	Feed Water TDS	1657 ppm	
Feed Pump Pressure	20/200 psi	Product Water TDS	89 ppm	
Permeate Flow Rate (GPM)	1.5 GPM	Chlorine Reading		
Reject Flow Rate (GPM)		Others		
Recommendation (indicate particular work done or parts of system inspected):				
check hardness, chlorine & TDS & feed flow & product flow check operation pressure & flocon level. replace 1 gal. flocon				
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date	
		Rod de la Cruz	APR 20.20.06	

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DQS	DATE	6/01/09
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency

____:Week/Month

Last Microbiology Test Result / Remarks:

SERVICE REPORT

check on RO system

FINDINGS/COMMENTS:

need to refill flocon for injector tank

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	1.0 mg/l	Ozonator	ok
Pre-filter	ok	Hardness Reading	14 GPM
Post-filter	ok	Feed Water TDS	1309 ppm
Feed Pump Pressure	70/200 psi	Product Water TDS	120 ppm
Permeate Flow Rate (GPM)	1-5 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

checked refill of flocon injector tank, check operation pressure, check hardness, TDS, chlorine of feed & RO product

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de los Reyes	T. R. Lopez 06-02-09

TRAINING

PACIFIC PROBATION, PAROLE AND COMMUNITY CORRECTIONS**Training Conference Overview****DAILY:**

A.M. Plenary Session 8:00 - 9:00 Cultural Perspectives

P.M. Plenary Session 1:00 - 2:15 What is Federal Ombudsman? What is it? And Legality in Drug Testing

TRACK I Cognitive Behavioral Therapy Training (CBT) – Limited to 20 and Selected only for both sessions					
September 5 & 6	<i>Group I</i>	9:00 – 5:00 <i>Rey Lounge (upstairs)</i>	Community Corrections Skill Training	Knowledge/skill	Tues & Wed

September 7 & 8	<i>Group II</i>	9:00 – 5:00 <i>Rey Lounge (upstairs)</i>	Community Corrections Skill Training	Knowledge/skill	Thurs & Fri.

TRACK II Criminal Justice and Service Training					
<u>Group A</u>					
September 5	Session I	9:00 – 11:45 & 2:15 – 5:00 <i>Raraina Restaurant/Superior Court</i>	Criminal Justice Overview (Part I) Courtroom Demeanor / Testifying in Court Part II.	Knowledge Knowledge/Skill	Tues & Wed
September 6	Session II	9:00 – 11:45 & 2:30 – 5:00 <i>Raraina Restaurant</i>	Alcohol, Drug & Gambling (Part I) Anger, Stress Management in the Workplace (Part II)	Knowledge Knowledge	

<u>Group B</u>					
September 7	Session I	9:00 – 11:45 & 2:15 – 5:00 <i>Raraina Restaurant/Superior Court</i>	Criminal Justice Overview (Part I) Courtroom Demeanor / Testifying in Court Part II.	Knowledge Knowledge/Skill	Thurs. & Fri.
September 8	Session II	9:00 – 11:45 & 2:30 – 5:00 <i>Raraina Restaurant</i>	Alcohol, Drug & Gambling (Part I) Anger, Stress Management in the Workplace (Part II)	Knowledge Knowledge	

TRACK III Officer Safety Training					
<u>Group A</u>					
September 5	Session I	9:00 – 11:45 & 2:00 – 5:00 <i>Taga Room</i>	Officer's Safety Mindset/Verbal Judo (Part I)	Knowledge/Skill	Tues & Wed.
September 6	Session II	9:00 – 11:45 & 2:00 – 5:00 <i>Taga Room</i>	Officer's Safety Defensive Tactics (Part II)	Knowledge/Skill	

<u>Group B</u>					
September 7	Session I	9:00 – 11:45 & 2:00 – 5:00 <i>Taga Room</i>	Officer's Safety Mindset/Verbal Judo (Part I)	Knowledge/Skill	Thurs & Fri.
September 8	Session II	9:00 – 11:45 & 2:00 – 5:00	Officer's Safety Defensive Tactics (Part II)	Knowledge/Skill	



DEPARTMENT OF PUBLIC SAFETY
Training and Professional Development Unit
Commonwealth of the Northern Mariana Islands

CERTIFICATE OF TRAINING

Is awarded to

Jennifer O. Tanaka

For successful completion of

Basic Officer Survival

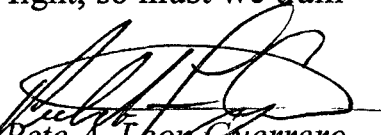
(16 Contacted Hours)


(Mind-Set, Verbal Judo, Handcuffing Techniques, MDTs)

September 5-6, 2006

“For as we fight, so must we train”


PO3. Frank S. Pangelinan
Instructor


Capt. Pete A. Leon Guerrero
Instructor


Rebecca M. Warfield
Acting Commissioner

Certificate of Completion

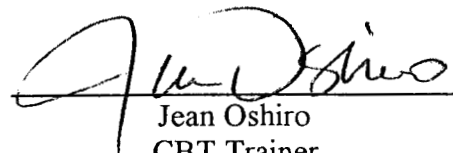
This Is To Certify That

JENNIFER TANAKA

**Earned 14 CEU Hours in the
2006 Cognitive Behavioral Therapy Training
September 7th and 8th
Commonwealth of the Northern Mariana Islands, Saipan, MP 96950**



Natalie Ornellas
CBT Trainer



Jean Oshiro
CBT Trainer



The American Probation and Parole Association

awards this certificate to

Jennifer Tanaka

*in recognition of continued professional development for completing
35 contact hours of training in*

***Don't Get Sued: Civil Liabilities and other Legal Issues for
Probation and Parole Officers and Supervisors***

***APPA Pacific Training
August 22-26, 2006***

Carl Wicklund, APPA Executive Director

Todd Jernstad, Instructor

Certificate of Completion

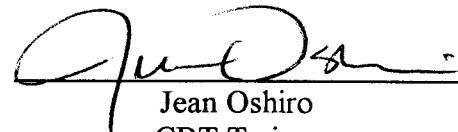
This Is To Certify That

ROSE TEREGEYO

**Earned 14 CEU Hours in the
2006 Cognitive Behavioral Therapy Training
September 7th and 8th
Commonwealth of the Northern Mariana Islands, Saipan, MP 96950**



Natalie Ornellas
CBT Trainer



Jean Oshiro
CBT Trainer



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS

Office of the Secretary
Caller Box 10007
Saipan, M.P. 96950
Tel. 664-2576 Fax. 664-2570

MEMORANDUM

Date: July 19, 2006

To : Mr. Joseph T. Villagomez, CHC Secretary

From : Deputy Secretary, DCCA

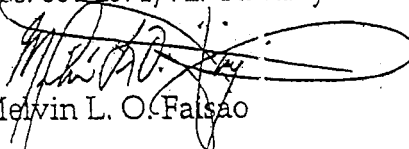
Subject: Medical & Dental Care Assistance &
Food Handler's Certification Training

This memorandum is to request your assistance in providing Medical and Dental Care for the Clients of the Juvenile Detention and Food Handler's Training for the staff of Juvenile Detention Unit.

As you are aware, the CNMI is under a Consent Decree with the Department of Justice (DOJ). One paragraph pertains to Medical Care for the clients. As in the past practice, we secure an appointment date for the Physical Exam, however, there is a 30 to 60 days span on the appointments due to first call first serve basis. The CNMI finds itself unable to meet the 14-21 days allotted by DOJ to complete the Medical Care. The other paragraph on Sanitation Issues requires that staff of the Juvenile Detention Unit undergo Food Preparation/Handler's Certification. I know that this training has been provided in the past by Public Health; therefore, I again seek your assistance in availing this training to the Juvenile Detention staff.

It is with this concern that I seek your time, assistance a collaborative working mutual agreement to enable and establish a system to address part of the many requirements bestowed upon us by DOJ.

Thank you for your time, cooperation and understanding. You can reach me at Telephone Nos. 664-2571/72. I await your favorable decision.


Melvin L. O. Falsao

CC: DCCA Secretary
DYS Acting Administrator
SAA
Edward Buckingham, AAG/Consent Decree Coordinator

RECEIVED
1-20-06
8:30am
file
RECEIVE
DATE: 7/20/06



Commonwealth of the Northern Mariana Islands
Department of Community and Cultural Affairs
Office of the Secretary



Caller Box 10007
Saipan, Mariana Islands 96950

07/26/06

Daisy C. Villagomez-Biel
Secretary

Melvin L.O. Fajsa
Deputy Secretary

Deborah A. Inos,
Acting Administrator
Division of Youth Services

Pedro (Roy) Sablan,
Acting Director
Historic Preservation Office

Delila Taitano-Celis
Executive Director
Commonwealth Council
for Arts & Culture

Edward Macaranas,
Director
Office on Aging

Deborah Cruz,
Administrator
Nutrition Assistance Program

Jose Lizania,
Acting Director
Division of Sports and
Recreation

David Ona,
Executive Director
Thompson-Carrington
Language Policy Commission

Low Income Home Energy
Assistance Program
(LIHEAP)

Residential Energy
Assistance Challenge
(REACH)

Indigene Licensing
Program

Saipan Street Market

J. Kevin P. Villagomez
Secretary
Department of Public Health
P.O. Box 500409
Saipan, MP 96950

Subject: Request for Assistance


The purpose of this letter is to request your assistance in obtaining services from your Bureau of Environmental Health office for Division of Youth Service staff. Below is listing:

1. Physical Examination
2. Tuberculosis Screening
3. Food Handlers certification

As you are aware, under the Federal Consent Decree the Commonwealth is mandated to follow all civil rights and correctional standards pertaining to the health and well being of inmates and residents.

Therefore, I hope that you can assist us in this matter and hope for a favorable response. Please call the DYS Administrator, Ms. Debra Inos or me if you have questions at 664-2554/2576

Sincerely,


Melvin L.O. Fajsa
DCCA Deputy Director

CC: DCCA Secretary
SAA
Edward Buckingham – AAG/Consent Decree Coordinator
DYS Administrator

BECOME AN AMERICAN RED CROSS AUTHORIZED PROVIDER



Train More People with Greater Flexibility

An authorized provider is an organization that has an American Red Cross-trained instructor as an employee. As an authorized provider, you can build your own training team to teach courses to other employees or members of your organization wherever and whenever you want. It's a cost effective way to offer first aid, CPR, automated external defibrillation (AED) and other health and safety training in-house.

Take Advantage of Multiple Benefits

- Address regulatory issues specific to your business or industry
- Create in-house experts who are familiar with your specific emergency procedures and equipment
- Train large groups cost-effectively
- Meet training needs on a regular basis and at your convenience
- Work with the best instructor training and support system

Utilize the Latest Training and Educational Innovations

In our recently revised First Aid/CPR/AED program, we've incorporated the latest science for first aid, CPR and emergency cardiovascular care and added a wealth of educational innovations to enhance the learning experience of your employees. Combine course content—including adult, child and infant CPR, adult and child AED, and first aid—to create the optimal training program for your business or organization.

We'll handle the administrative chores

As an authorized provider, you can focus on training. The Red Cross can issue certificates, process your orders for training materials and equipment, maintain records, provide you with training updates and help you promote courses in your community or organization.

FOR MORE INFORMATION, CONTACT YOUR LOCAL
RED CROSS CHAPTER AT 670-234-3459.



Together, we can save a life

Course: Lay Responder First Aid and CPR/AED Instructor



Purpose

To train instructor candidates to teach basic-level American Red Cross First Aid, CPR and AED courses for lay responders.

Prerequisites

- Minimum age of 16.
- Possess a Fundamentals of Instructor Training certificate (Certificate 3007) issued within the last year or a current National Health and Safety Instructor authorization (F5736 or Certificate 3005).
- Pass a precourse written exam with a score of 80 percent or higher on each component and successfully demonstrating competency in the skills evaluation in accordance with the established skill standards.

Learning Objectives

Upon conclusion of this instructor course, candidates should be thoroughly familiar with course materials and should be able to—

- Demonstrate the characteristics required of an American Red Cross representative and role model.
- Teach courses in a manner that helps participants stay engaged in the learning process.
- Ensure participants' health and safety during training.
- Demonstrate applicable first aid, CPR and AED skills at an appropriate level of performance.
- Maintain complete and accurate records and reports.
- Plan, organize and conduct the first aid, CPR and AED courses in accordance with the requirements of the specific program they will be teaching, and evaluate participants.
- Monitor participants' practice and provide corrective feedback and encouragement consistent with the critical skill performance steps.
- Choose the appropriate course and materials to meet the specific training needs of participants or groups.

Length

Approximately 16 hours (based on 6 instructor candidates per instructor trainer).

Instructor

A currently authorized American Red Cross Lay Responder First Aid and CPR/AED Instructor Trainer.

Certification Requirement

- Successfully complete the precourse session.
- Attend and actively participate in all course sessions.
- Successfully complete class activities, including practice-teaching assignments.
- Pass the instructor course final written exam with a score of at least 80 percent.

Certificate Issued and Validity Period

Lay Responder First Aid and CPR/AED Instructor—Authorization is for 2 calendar years. All authorizations expire on December 31 of each year. Initial authorization may be less or more time depending on when training is completed.

Participant Products/Materials

- *First Aid/CPR/AED for the Workplace Participant's Workbook* (StayWell Stock No. 656694)
- *First Aid/CPR/AED for Schools and the Community Participant's Manual* (StayWell Stock No. 652145)
- *Adult CPR/AED Skills Card* (StayWell Stock No. 656691)
- *Infant and Child Skills Card* (StayWell Stock No. 656695)
- *First Aid Skills Card* (StayWell Stock No. 656692)



Together, we can save a life

HEALTH AND SAFETY SERVICES COURSE CATALOG

Northern Mariana Islands Chapter
P.O.Box 500814
Saipan, MP 96950
Tel: 234-3459 Fax: 234-3457
redcross@pticom.com

General Course Delivery Categories

1. **Community Courses** - "For Individuals"
These are regularly scheduled and sponsored by the Chapter. They are held at the Chapter location on Airport Road and the participants must pay in advance to register for the courses.
2. **Authorized Provider Courses** - "Third-Party Providers of Red Cross Courses"
These courses are completely setup by the Authorized Provider (AP), who has a Agreement with the Chapter and has instructors on their staff, certified to teach American Red Cross courses. Authorized Providers are not permitted to charge a fee for the classes that they conduct. The AP pays Red Cross a program support fee per participant.
3. **Authorized Provider-Entrepreneur Courses** - "Third-Party Providers for Profit"
These courses are completely set up by the Authorized Provider Entrepreneur, who has an agreement with the Red Cross Chapter and has instructors on their staff, certified to teach American Red Cross Courses. Authorized Provider Entrepreneurs are allowed to charge a fee for the classes they conduct and pay the Red Cross an entrepreneur's fee per participant.
4. **Full Service Courses** - "Group Training"
These courses are completely sponsored by the Red Cross at the business location. The participants are from only that business and the course is taught at the convenience of the business and with instructors scheduled by the chapter. Red Cross charges a group fee for a minimum of 6 and maximum of 10 participants.



Adult CPR(ACPR) 32420

Trains individuals to provide a basic level of care for administering Cardiac Pulmonary Resuscitation and other life-threatening respiratory care on adults in emergency situations.

Community Fee	\$ 30
Authorized Provider Fee	\$ 15
Authorized Provider Entrepreneur Fee	\$ 30
Full Service Fee	\$ 40

Length of Course: 4 hours

Certificate Valid for: 1 year

Prerequisite: None

Infant & Child(I/CCPR) 32460

Trains individuals to provide a basic level of care for administering Cardiac Pulmonary Resuscitation and other life threatening respiratory care on Infants and Children in emergency situations.

Community Fee	\$ 35
Authorized Provider Fee	\$ 15
Authorized Provider Entrepreneur Fee	\$ 35
Full Service Fee	\$ 45

Length of Course: 5 hours

Certificate Valid for: 1 year

Prerequisite: None

First Aid (FA) 32401

Provides the basic skill levels to provide care to individuals that are experiencing a life-threatening emergency from a sudden illness or injury.

Community Fee	\$ 30
Authorized Provider Fee	\$ 15
Authorized Provider Entrepreneur Fee	\$ 30
Full Service Fee	\$ 40

Length of Course: 4 hours

Certificate Valid for: 3 years

Prerequisite: None



WORKPLACE TRAINING MODULES

Injury Control and Prevention Awareness modules designed for in-service staff training. Each module is one hour and can be taught alone or in combinations, or coupled with any of the Red Cross First Aid and CPR classes. The modules include a comprehensive booklet the student keeps.

- Ergonomics
- Slips, Trips and Falls
- Workplace Violence
- Back Injury Prevention
- Managing Stress
- Your Heart Matters

	Individual	Combined with other(s)
Community Fee	\$5.00	\$3.00
Full Service Fee	\$6.00	\$4.00
Authorized Provider Fee	\$2.00	\$1.00
Authorized Provider Entrepreneur	\$5.00	\$3.00

Length of Course: 1 hour each
 Certification Valid for: None

Prerequisite: None

Preventing Disease Transmission - "Bloodborne Pathogens Training"

Design to train employees regarding safe workplace practices, to report and follow up on employee exposures to infectious materials, and to reduce the number of employees who contract blood borne infections, such as hepatitis B virus (HBV) and human immunodeficiency virus (HIV), at their work site.

Community Fee	\$25.00	\$15.00
Authorized Provider Fee	\$15.00	\$10.00
Authorized Provider Entrepreneur	\$25.00	\$15.00
Full Service Fee	\$35.00	\$20.00

Length of Course: 2 hours
 Certification Valid for: None

Prerequisite: None



CPR/AED for the Professional Rescuer(CPR/AED/FPR) 32800

Trains professional rescuers on advanced lifesaving techniques and EMT standard 2 person CPR and the use of Resuscitation Mask and BVM.

Community Fee	\$ 60
Authorized Provider Fee	\$ 15
Authorized Provider Entrepreneur Fee	\$ 60
Full Service Fee	\$ 70

Length of Course: 8 hours

Certificate Valid for: 1 year

Prerequisite Class: Adult CPR

Emergency Response (ER) 32600

This advanced level First Aid/CPR class is designed for the first responder, for personnel that have a "duty to respond" to emergencies. It is a comprehensive class covering all areas of First Aid, CPR, AED, PDT and Oxygen Administration.

Community Fee	\$200
Authorized Provider Fee	\$ 25
Authorized Provider Entrepreneur Fee	\$200
Full Service Fee	\$250 per person (minimum 6)

Length of Course: 50 hours

Certificate Valid for: 1 year CPR/FPR
3 years ER

Prerequisite Class: FA/CPR/AED



Lifeguarding 34700

Teaches lifeguarding skills and the knowledge needed to prevent and respond to aquatic emergencies. Course includes First Aid Training, CPR/FPR, Lifeguard Training.

Community Fee	\$125
Authorized Provider Fee	\$35
Authorized Provider Entrepreneur Fee	\$125
Full Service Fee	\$150 per person (minimum 6)

Length of Course: 30 hours

Certificate Valid for: 3 years - Lifeguarding

1 year - CPR/FPR

3 years - First Aid

Prerequisite: 15 years of age

Community Water Safety 3464

Presents information about various aquatic environments and their potential hazards and informs the general public on how to safely participate in aquatic activities.

Also contains a section on swimming and aquatic emergencies.

Community Fee	\$ 30
Authorized Provider Fee	\$ 15
Authorized Provider Entrepreneur Fee	\$ 30
Full Service Fee	\$ 40 per person (minimum 6)

Length of Course: 2 hours

Certificate Valid for: none

Prerequisite Courses: None

Learn to Swim-Levels 1 to 7

Orients persons to the water and develops swimming skills through the various levels of the program depending on their capabilities.

Community Fee	\$50
Authorized Provider Fee	\$ 2
Authorized Provider Entrepreneur Fee	\$50
Full Service Fee	\$75 per person (minimum 6)

Length of Course: 4 two hour sessions

Certificate Valid for: none

Prerequisite Courses: none



Fundamentals of Instructor Training (FIT) 3010

Trains instructor candidates in basic teaching skills, provides information on the American Red Cross history, structure and organization of its training materials, and information about the local Chapter's policies and procedures. This is a required class for all new instructor candidates.

Fee included within the Instructor Level Training Course

Length of Course: 4 hours

Certification Valid for: 1 year

Prerequisite Courses: 17 years of age

Lay Responder First Aid and CPR/AED Instructor Course HSSFA801

Trains candidates as instructors for Adult CPR, Infant & Child CPR, AED, First Aid Basics and Workplace Training modules.

Community Fee \$185

Full Service Fee \$195 per person (minimum 4)

Authorized Provider Fee \$ 25 (Must be approved by Chapter)

Length of Course: 17 hours

Certificate Valid for: 2 years

Prerequisite Courses: FA/CPR/AED basic course
17 years of age

Water Safety Instructor Course 3430I

Trains instructor candidates to teach the infant & Preschool Aquatic Program, the seven Levels of Learn to Swim program and Community Water Safety. Includes Instructor Candidate Training and all materials.

Community Fee \$240 per person

Full Service Fee \$250 per person (minimum 4)

Authorized Provider Fee \$ 25 (Must be approved by Chapter)

Length of Course: 40 hours

Certificate Valid for: 2 year

Prerequisite Courses: Level 7 swimming ability
17 years of age

Lifeguarding Instructor Course 3470I

Trains instructor candidates to teach Lifeguarding by developing their understanding of how to use the course materials and methods of conducting training sessions and evaluating participants progress. Includes Instructor Candidate Training and all materials.

Community Fee \$165 per person

Full Service Fee \$175 per person includes training materials

Authorized Provider Fee \$ 25 (Must be approved by Chapter)

Length of Course 20 hours

Certificate Valid for: 2 years

Prerequisite Courses Complete Pre-course session
17 years of age

